BEST AVAILABLE COPY

CLAIMS ONLY

Application Number	Filing Date
Applicant(s)	

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	1		1									
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Total Indep			2									
Total Depend			24									
Total Claims			26									

	Indep	Depend	Indep	Depend	Indep	Depend
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